



**APPLICATION FOR CHANGE OF
BENEFICIARY**
(Annuity Savings Account or Rollover
Account)
State Form 1856 (R4/06-2005)

PRIVACY NOTICE

All Social Security Numbers are requested by this agency in accordance with the requirements of the Internal Revenue Code. Disclosure is mandatory and this form will not be processed without this information.

INSTRUCTIONS:

1. Please **TYPE** or **PRINT**. Use black ink.
2. Complete all information. Remember to put your name and Social Security Number at the top of every page.
3. You **must** sign at the bottom of page 2 and any additional pages. **Each page must be witnessed by someone who is not your beneficiary.**
4. Draw a line through any unused beneficiary information boxes.
5. Return the completed form directly to PERF.

You have the right to change your primary and/or contingent beneficiary or beneficiaries at any time prior to distribution of your Annuity Savings Account or Rollover Account. Your beneficiary or beneficiaries can only be changed by filing this form with PERF at the following address:

**Public Employees' Retirement Fund
143 West Market Street
Indianapolis, IN 46204**

This Change of Beneficiary revokes and replaces all previously named beneficiaries. You must list everyone that you wish to name as a beneficiary.

In lieu of an individual, you may name a trust or legal entity as a beneficiary. You must furnish PERF with the name, address, and Social Security Number or Tax Identification Number of each beneficiary. If you wish to name additional beneficiaries, you may attach copies of page 2 containing the necessary information. Be certain to initial the box below and indicate the number of additional pages. Each page must be signed and witnessed by someone who is not your beneficiary.

This is for my:

☐

Annuity Savings Account

☐

Rollover Account

Applicant Information

Social Security Number

— — — — — - — — — —

First Name

Middle Initial

Last Name

Mailing Address

City

State

Zip Code

Daytime Phone Number

Evening Phone Number

E-mail Address

Important:

If you have attached additional pages of beneficiaries, you must initial the box and indicate the number of additional pages you have attached.

Initial Here

Number of Additional Pages

Member Name (Last, First, Middle Initial)	Social Security Number _ _ _ - _ _ - _ _
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BENEFICIARY INFORMATION (Attach Additional Copies of this Page if Necessary)

Primary Beneficiary or Beneficiaries

Beneficiary Name (Last, First, Middle Initial)		Social Security Number or Tax ID	
Date of Birth (mm/dd/yyyy)		Relationship to Member	
Street Address	City	State	Zip Code

Beneficiary Name (Last, First, Middle Initial)		Social Security Number or Tax ID	
Date of Birth (mm/dd/yyyy)		Relationship to Member	
Street Address	City	State	Zip Code

Contingent Beneficiary or Beneficiaries
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Beneficiary Name (Last, First, Middle Initial)		Social Security Number or Tax ID	
Date of Birth (mm/dd/yyyy)		Relationship to Member	
Street Address	City	State	Zip Code

Beneficiary Name (Last, First, Middle Initial)		Social Security Number or Tax ID	
Date of Birth (mm/dd/yyyy)		Relationship to Member	
Street Address	City	State	Zip Code

In accordance with the provisions of Indiana Code § 5-10.2-3, I designate my beneficiary or beneficiaries as shown above. If the primary beneficiary or beneficiaries herein designated survive me, they shall receive the funds, if any, that are payable by the fund to a designated beneficiary. If the primary beneficiary or beneficiaries do not survive me, then the contingent beneficiary or beneficiaries shall receive such funds. If none survive me, then the beneficiary shall be my estate. If no designation is made, any death benefit due would be payable to my estate. I reserve the right to change the primary or contingent beneficiaries at any time prior to distribution of my Annuity Savings Account by filing a Change of Beneficiary form with the Board of Trustees of the Fund. Such a change must be received and accepted by the fund for it to become effective.

I understand that this designation of beneficiary supersedes and replaces any prior designation of beneficiary or beneficiaries that may have been made in the course of this or any prior employment in a PERF-covered position with any other employer.

Signature of Member	Printed Name	Date
Signature of Witness	Printed Name	Date